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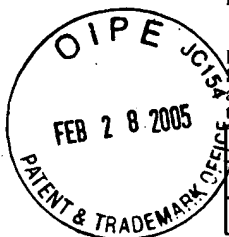
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 (Signature)
 7-25-05 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/033.371	10/19/2001	Alexander K. Khairkhan	MVMDINC.001CP2	7973

TITLE OF INVENTION: ~~XXXXXX~~
METHOD OF IMPLANTING A DEVICE IN THE LEFT ATRIAL APPENDAGE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	X OSX No	X 535 1,400	\$300	300 \$1,700	03/08/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
DAWSON, GLENN K		3731	606-200000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ev3 Sunnyvale, Inc

Plymouth, MN

Please check the appropriate assignee category or categories (will not be printed on the patent) : ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

X Issue Fee & 1,400

☒ A check in the amount of the fee(s) is enclosed. \$1,709

X Publication Fee (No small entity discount permitted) \$300

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date _____

Typed or printed name Sabing H. Lee

Registration No.

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